STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of furnign hirth?\_. SICIANS Length of residence In city or town where death occurred \_\_\_\_\_yrs. 2. FULL NAME RECORD. Ward. (a) Residence: No. (Usual pface of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) 5a. ff married, widowed, or divorced **HUSBAND** of 22. CERTIFY. That f attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Aucticate (3) certificate properly 7. AGE Months ff LESS than to have occurred on the date stated above, at Days 1 day ... O .. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance O min. Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... back (9) Industry or business in which may should work was done, es SILK MILL SAW MILL, BANK, etc .... 10. Date deceased fast worked at 11. Totel time (years) this occupation (month end spent in this that year) \_\_\_\_ occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER Name of operation 14. BIRTHPLACE (city or town) plain (Stete or country) What test confirmed diagnosis? ..... Was there an autopsy? ..... carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: i. DEATH 16. BIRTHPLACE (city or town) (State or country) Where dld Injury occur? ... be (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. pinous 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE Date. mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Ωġ. (Signed) 20, FILED (Address) If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BIND

FOR

RESERVED

MARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants.  $\Lambda$  person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhoge	July 5,1927	Peritonilis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE T RECORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. mation should be carefully supplied. V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	[3]
county lecis	Registration Dist. No. 21
Village or City Chesafeake City	NoSt,Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)  isds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jenne Beda	le
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
1. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Color of Race  OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divolged HUSBAND of (or) WIFE of  Forling Prome Bidd	22. HEREBY CERTIFY. Thet I attended deceased from 1953, to Jour 5 1953
6. DATE OF BIRTH (month, dey, end yeer) Och 12 . 1859	1 Just saw h le elive on Jan 1 8 3; deeth is said
7. AGE Years Months Deys If LESS than 1 day,hrs	to heve occurred on the dete stated above, at 1.3 pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	Date of onset
kind of work done, as SPINNER, at Home	alidevosular reval
kind of work done, as SPINNER. At Horse SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked et this occupation (month end	disease - 1920
10. Date decessed lest worked et this occupetion (month end year)	
· PAI	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Delcawars	Clerk motorded from 7
	1938
E Oran adidas da	34.54
4. BIRTHP(ACE (city or town)) (Stete or country)	Nemp of operation
I 15. MAIDEN NAME Mary Brothers	What test confirmed diagnosis? Was there en eutopsy? Was there en eutopsy?
E	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Lorgery of Biddle (Address) Chef of the Color of the Col	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plec Bethel Cently Date Jan 11, 193	Neture of Injury
19. UNDERTAKER 24 W Pigning (Address)	24. Was disease or Injury In any way releted to occupetion of teceased? US
20. FILED Jan. 10, 1933 B. Haward Brown Registrar.	(Signed) Aleury (Mars) M. D. (Address) Cherale alelle W.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset		Date of onset
1915	Attack of emilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	T TAIL TO SEE	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

		A* .

WITH UNFADING INK-THIS IS A PERMANEAT RECORD. Every item of infor-efully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN See instructions on back of certificate. mation should be carefully supplied. TION is very important. N. B.—WRITE PLAINEY

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Cecel	Registration Dist. No. 92.
Village or City Elettore	NoSt.,Ward
(If Length of residence in city or lown where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2 FILL NAME Elizabeth A Boula	lew
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wzite the word)  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wzite the word)	21. DATE OF DEATH (Month)  (Oay) (Yeer)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of George W Boulder	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 2/ 1876	I last saw h. 27 elive on 27, 1932; death is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, at
56 / 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER. Housewife SAWYER, BOOKKEEPER, atc.	Catalonia Catalonia
kind of work done, as SPINNER, Accused work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate daceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	allum y tof Weland
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate daceased last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) Elkton	Other Coutributory Causes of Importanca:
(State or country) Ind.	Genely Commer Carrely Wand
13. NAME David C. Strain	
14. BIRTHPLACE (city or town) wilmington	Neme of operation and while by the Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME (athurne Dropler.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (athurne Dropler)	Accident, suicide, or homicide? Data of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Juston Donther	Spacify whethar injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Electron Country Oate Fiby 2, 1933	Mannar of Injury
Place Oate 104 = 195	Natura of Injury
19. UNOERTAKER The white	24. Was diseasa or Injury In any way related to occupation of deceased?
20. FILED 186 2, 1932 Saule Brans	(Signad) A Charles M. D. (Address) Sale Lands Charles M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. VIII

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Office	Registration Dist. No.
Village or City Tempelle (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs, mos	
2. FULL NAME Still born Boy	ja .
(a) Residence: No. Seryally Mill (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Servale White Single, Married, Widowed, OR DIVORCED (write the word)	21. DATE OF DEATH Juneary 15 th, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jaw. 151933	fav. 15 1933, to fav. 15, 1933 death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at the day m.
Still bour 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
A Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  SAW MILL, BANK, etc.  10 Date deceased last worked at this occupation (month and this property and the property of	Still bones
SAW MILL, BANK, etc.	
10) Date deceased last worked at this occupation (month and spent in this occupation cocupation cocupation cocupation.	
12. BIRTHPLACE (city or town) Olyspille .  (State or country)	Other Contributory Causes of importance:
1 The second	
13. NAME Velliam Harner Boyda  14. BIRTHPLACE (city or town) Cerryrlle	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? 720
15. MAIDEN NAME Collyw Elizabeth State	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Darkington:	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Colyn Cligabilly Boyd (Address) Defry Liles Will	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL COMMATION, OR REMOVAL	Manner of injury
Date all 10 , 19	Nature of Injury
19. UNDERTAKER OF A CASHELLAND (Address) Porty will, Ma	24. Was disease or Injury in any way related to occupation of deceased? PCO
20. FILED / 15 , 1933 /26.73 Janders Registrar.	(Signed) & J. Hagran M. D.  (Address) Gerrefielle Med.
If mure blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. Nag. 1.

1.1. A a.C

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BIND

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Example I	and the same of th	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chronic interstitial northritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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A te st	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	82-0
N/V	County Legl	Registration Dist. No. 76
o we of the control o	Village or City OUT De Coset	NoSt.,Wa
# 0	Length of residence in city or town where seath occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of loraign birth?
CORD, Every PHYSICIANS ict statement	2. FULL NAME Edith E. Brow	
O. E. SICI	(a) Residence: No. Part De Vosit	St. Ward.
CORD, PHYSI ct sta	(Usual place of abode)	If nonresident give city or town and State
RECO. PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
453.	3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
fled TT	5a. If married, widowad, or divorced	(Month) (Day) (Year)
DIAN A C Issif	(or) WIFE of U. D. LONOWN	22.     HEREET CERTIFY   That   attended deceased fr
BINJ PERM EX / y cla	6. DATE OF BIRTH (month, day, and years Dee, 5, 1870	landaw h Salivi di 1995 death is es
PE PE d E	7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at
FOR B) IS A PE stated E properly certificate	62 / 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
S IS is the street of the stre	8 Trade profession or particular	Date of one
ED HIS pe pe pe pe of of	kind of work done, as SPINNER, buseufe	
RESERVEL G INK—THI GE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased left worked at this occupation (manph and/	18/0
INK.	10. Date deceased last worked at 11. Total time (years)	3 / 1/
RES I VGE I that that ons o	this occupation (month and 1933 spant in this # O occupation #	1 27 18/27/4
ZALS	12. BIRTHPLACE (city or town) Rowlandville	Other Contributory Causes of Importanca:
GID 'AD ed. ed. is, s	(State or country) Ma	(Mus School
MARGIN I UNFADI supplied. n terms, se	13. NAME James d. Froyer	
MA H U r sul ain t	14. BIRTHPLACE (city or town) Low Callet Vice	Nama of operation
FEE	State of Country 1	What tast confirmed diagnosis? Was there an au'opsy?
PLAINLY WITH hould be carefully OF DEATH in pla	15. MAIDEN NAME Styllis Harris	23. If death was due to axternal causes (VIOLENCE) fill in also the 10llowing:
AINLY, Id be can DEATH y import	16. BIRTHPLACE (city or town) Nowlandwell (State or country)	Accident, suicide, or homicide? Date of injury, 19
be be imp	Baulanians Brand	Where did injury occur? (Specify city or town, county and State)
PLA Should OF D	17. INFORMANT CHYLLAND (Address) Conounity Ma	Specify whather injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
E-3 10	18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
WRITE ation s AUSE ION is	Place Novilly Sour Date Jaw. 19	Nature of injury
WRITHE mation s CAUSE TION is	19. UNDERTAKEN IN G. Patterson	24. Was disaase or injury in any day elated to occupation of decaased?
No.	(Address) Perryville ma	If so, specif
N. B.	20. FILED / - 9 1937 Lo. F. Sunders.	(Signad) / Was com with M.
> 4	Registrar.	(Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis .... C.FIVI 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage EED 3 1933 Julu5.1927 Peritonitis 3 days ago RHREAH V. S. Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN
-----------------------------	---------------------------

STATE OF MARYLAND	CERTIFICATE OF DEATH 60409
1. PLACE OF DEATH	73-2
County Cecil	Registration Dist. No. 92
Village or City Electron AD	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosd
	leu
(a) Residence: No. On Farm (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) STATE OR DIVORCED (write the word)	21. DATE OF DEATH 23, 193 3 (Month) (Dey) (Year)
HUSBAND of accese L Cornider	22.   HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, end yeer) 27 1868	1 iast saw h
7. AGE Years Months Deys If LESS than	to heve occurred on the dete steted above, et 7 3 0 Pm.
64 1 26 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8 Trade profession or particular	aceste dilitation of heart Date of once
A Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  1ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  11. Total time (yeers) 35 spent in this occupation Occupation	
50 Ut 1919	Other Centributery Causes of importence:
12. BIRTHPLACE (city or town) Country (Stete or country)	The state of the s
Sout BO	
(State or country)	Name of operation Date of
	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Many I might	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Way Pugh	Accident, suicide, or homicide? Dete of injury, 19
(State or country) Transplant	Where did injury occur?
7. INFORMANT Ruce & Coorden	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Wilton hit Ro	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Elkton Cameten, Date fan 2, 1933	Neture of injury
9. UNDERTAKER 24. WP-thin (Address) Electory 201	24. Was disease or injury in any way related to occupation of deceased?  If so, specify Declar Bab, M. D.
20. FILED lass 22, 1933 / Sparsh Jacobs Begistrar.	(Signed) 230 5 mon 16 M. [ (Address) Tember 220 M. [
+ /	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis Peritonitis	3 days ago	
			318	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state RECORD. Every 4tem of infor-Exact statement of ACCUPAstated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN IS A PERMAN TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS B.—WRITE PLAN V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	923 00410
County Cecil	Registration Dist. No.
Village or City Elkton	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	os. How long in U.S. If of foreign pirth?yrsmosos
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) Unidows d	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of  William Diek	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 17 1863	I last saw h_ la alive on Jan (st 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at fm.
69 4 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, and SAWYER, BOOKKEEPER, atc.	
9. Industry or business in which work was dona, as SILK MILL,	ante Caroliai Jany
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and spant in this	Dilatati
year) occupation	Other Castributory Causes of importance:
12. BIRTHPLACE (city or town) Tuluselphia	
(State or country)	Chronic rybrackets and
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Catic rec Glinchy  16. BIRTHPLACE (city or town) 2 information	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Oate of injury, 19  Where did injury occur?
17. INFORMANT George Diese (Address) Electory and	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Quel Date Jan 5 1933	Manner of injury
19. UNDERTAKER 24 W. Pigniu (Addreps) Elkton Jul	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED Jan 4., 1933 for Board Board.	(Signed) (Address) (Address)
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		CANADA		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10411
state UPA-	1. PLACE OF DEATH	97)
	CountyClail	Registration Dist. No.
should occ	Village or City Colola, Md,	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
t S		ds. How long in U.S. if of foreign birth?mosds.
Exact statement	2. FULL NAME William James Dun	lap
SIC	(a) Residence: No	St., Ward.
HY t s	(Usual place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
7	male white married (write the word)	21. DATE OF DEATH Saw 29 1933 (Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of	
EXAC y classifite.	(or) WIFE of mary & Dunlap.	19 19.33 to 20.00 19.33
	6. DATE OF BIRTH (month, day, and year) 1851 Duc 2	[ last saw have alive on few 27 1933 deeth is said
- 4	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.30 7 m.
stated proper ertific	8/ 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Z 8. Trade, profession, or particular	General arterio sclerosio Dato of onest Kin
be be	SAWYER, BDDKKEEPER, etc. & above	
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
shit	[5] 10 p	
	10. Date deceased lest worked at this occupation the population the population occupation the population occupation the population occupation.	
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Philodelphia	Other Contributory Causes of Importence:
s, s	(State or country) Pinnsylvania	
supplied n terms, ee instr	13. NAME andrew Dunlap	
4	13. NAME andrew Dunlap  14. BIRTHPLACE (city or town) unknown	Name of operation Date of
2 5	(State of Country) unforces	What test confirmed diagnosis? Was there an autopsy?
in pant.	15. MAIDEN NAME Isabella Badders  16. BIRTHPLACE (city or town) Landaurum  (State or appetru)	23. If death was due to external causes (VIOLENCE) fill in also the following:
carefully FH in pla ortant.	5 16. BIRTHPLACE (city or town) Linknown	Accident, suicide, or homicide? Date of injury, 19
TY	(State or country) underson	Where did Injury occur? (Specify city or town, county and State)
OF DEATH in p very important.	17. INFORMAN MUSICAM Dunlap (Address) C. Lorga and	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
OF DI	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
mation s CAUSE TION is	Place frement Pa, Date th / 1933	Nature of Injury
mation sl CAUSE ( TION is	19. UNDERTAKER & Es Typen	24. Was disease or injury in any way related to occupation of deceased? 2
EOF	(Address) Riding Sun Md	If so, specify
	20 EHED AM 30 10 33 -	(Signed) A. B. D. C. M. D. M. D.
D	ZONY TYKING IN Registrar.	(Address) Roug Sun M.
Born	Zomy Tilkery The Registrar.	(Address) Rasing Sund M.) 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	i	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FER 3 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURDAT V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
A 17171 1 1 1 1 1 1 A 17	SPAUL PUL	PURIFIER	STATEMENT	13.1	FILLOIGIZ	V.L.C.

MARGIN RESERVED FOR BINDIN

1. PLACE OF DEATH	82-0
County Cect '	Registration Dist. No.
Village or City Celettay	ND. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in pity or town where death occurred yrsmo	sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME CATTA VARIELL	
(a) Residence: No. Lee III (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVDRCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Space Jarrell	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, end year)	I last saw h. ex. alive on
7. AGE Years Months Days If LESS than	to Mave occurred on the date stated above, at 3
5 7 Sas l dey,hrs.	mere de follows.
8. Trade, profession, or particular kind of work done, as SPINNER, W. Jauee.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this cecupation (month and the securation (month and th	Date of onset
9. Industry or business in which work was done, es SILK MILL,	S GLACI
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month and year)	
Burger A. P.	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Clean Comments (Stete or country)	autro del 1000 is
13. NAME Alua Chimos	www.
13. NAME du dines  14. BIRTHPLACE (dity or town) Quelly Lines Co	Name of a section
14. BIRTHPLACE (dity or town)	Name of operation
15. MAIDEN NAME CONT Quae.	What test confirmed diegnosis? Was there an autopsy?  23. If death was due to external causes (VJOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
State or country)	Where did injury occur?
17. INFORMANT Son Wiful Farrell (Address) less till mind.	Specify city or town, county and State) Specify whether injury occurred in INDUŞTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sulling Multigate Aud, 14, 1953	Nature of injury
John Walle	10
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
00 113 33	(Signed) Carlward Footsoy M. D.
20. FILED 200 1999 Registrar.	(Address) Cellion

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritoritie	3 days ago		
		18 18 4.8.			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		3			

MARGIN RESERVED FOR BINDIA

		S	TATE C	)F	MAR	YLAND-	CERTIFICATE OF DEATH			
1. PLACE OF DEATH										
	County <u>Cecil</u>						Registration Dist. No. 96			
Village or City Veterans! Administration Hosp					inist	ration Hosp	death occurred in a horbital or institution, events NAME instead of street and number)			
	Length of resid	lence in c	ity or town where	death o	ccurred	lyrs,Q_mos	death occurred in a hoppital of institution, give its IVAIVIE. Instead of street and number)			
	. FULL NA	WE TO	OX. Josen	nh	C.		C-None			
						e. Buffalo				
, and the same				(	Usual place	of abode)	If nonresident give city or town and State			
_			ID STATIST				MEDICAL CERTIFICATE OF DEATH			
3.	sex male		r OR RACE	5. SI OI	NGLE, MAR R DIVORCE Sin	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  January 27 , 1935, (Month) (Day) (Year)			
5a.	If married, widowe	ed, or div	orced							
(or) WIFE of Single							22. I HEREBY CERTIFY, That I attended deceased from January 14 ,19 32, to January 27, 19 33			
6.	DATE OF BIRTH (	month, da	y, end yeer)	186	7		i last saw h_im alive on_ Jamary 27, 19.33_; death is said			
7.	AGE Year	s	Months		Days	If LESS than	to have occurred on the date stated above, all: 59 A.m.			
	6	5			-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
N	8. Trade, profes kind of w	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired 1st Lieut.					Carcinoma of the prostate glam 7-21-3			
OCCUPATION	9. Industry or 1	SAWYER, BOOKKEEPER, etc. Retired 1st Lieut.  9. Industry or business In which					U.S.Army			
SUP	Work was	done, as L, BANK,	SILK MILL, etc	U,	S. A	rmy				
000	10. Date decease this occupyeer)	ation (mo	nth and	7	spa	ime (years) nt in this upation 10 _ yes	rs			
12.	BIRTHPLACE (city (State or coun		Philad	lelp	hia,	Pa.	Other Contributory Causes of importance:  Melancholia, involutional 1917			
ER	13. NAME		Unkno	own						
FATHER	14. BIRTHPLACE (Stete or		own)Unkno	wn			Neme of operation Prostatectomy partia pate of 7-21-31  What test confirmed diagnosis? Laboratory Was there an autopsy?Yes			
ER	15. MAIDEN NA	ИE	Unkno	own		17-1-1-11	23. If death was due to external causes (VIOLENCE) fill in also the following:			
MOTHER	16. BIRTHPLACE (State or		**-1				Accident, suicide, or homicide?			
17. INFORMANT Hospital Records (Address) Perry Point, Md.						• • • • • • • • • • • • • • • • • • • •	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. In hospital			
18.	BURIAL, CREMAT	ON, OR	REMOVAL.				Manner of injury			
Place Philadelphia, Pa Date Jan. 30 ,19 33.				Dat	eJan	30 ,19 33,	Nature of Injury			
19. UNDERTAKER Pennington & Son, Son,					,45	ou.	24. Was disease or injury in any way related to occupation of deceased? NO			
20.	FILED 1/2	9	1933 ec	un	some	Registrar.	(Signed) ROGER P. HENTZ, Clinical Directo M.D. (Address) Ponny Point 18d			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state: .

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		· · · Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FFR. 3. 1988				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones BUREAU V. B.	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH JRD. Every item of infor-1. PLACE OF DEATH County 6 Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 0/110 (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 19 3 3 to certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance or 30 min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, of SAWYER, BDOKKEEPER, etc..... 9. Industry or business in which back may work was done, as SILK MILL, SAW MILL, BANK, etc ..... no 1D. Date deceased last worked at 1f. Total time (years) this occupation (month and spent in this that vear) occupation .... instructions 12. BfRTHPLACE (city or town). (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town). Name of operation\_ (State or country) What test confirmed diagnosis? Was there an autopsy? HER 15. MAIDEN NAME very important 23. If death was due to external causes (VIOLENCE) fill in also the following: E MOT OF DEATH Accident, suicide, or homicide? f6. BIRTHPLACE (city or town) (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. **f7. INFORMANT** (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE Nature of Injury LION 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDI

RESERVED

MARGIN

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Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		99/19333	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(16)
County latest	Registration Dist. No. 95
Village or City Liberty Grave	No. St., Ward
(IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foraign birth?yrsdsds.
2. FULL NAME fant le fragilla	
(a) Residence: No. (Linklature of shods)	Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Female Marte OR DIVORCED (write the word)	Jaw, 16, 193.3
	(Oay) (Year)
(or) WIFE of Dank lyantelal	22. I HEREBY CERTIFY. That I attended decaased from
1 2000	Nece , 1930, to face / (e , 193)
6. DATE OF BIRTH (month, day, and year) Sept. 10. 1864	I last saw here alive on factor and 1932, death is said
7. AGE Tears Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atc_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
68 7 6 ormin.	water as follows:
8. Irade, profassion, or particular kind of work done, as SPINNER,	James of spomses west 31
9. Industry or businass in which	-aux Jours
work was done, es SILK MILL, SAW MILL, BANK, atc	
11. Totel time (years)	
year) Occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Law 10 H
	Tuesda Rentorales /
13. NAME John B. Graybeal.	
14. BIRTHPLACE (city or town)	Name of operation 2007 Data of
(State of country)	What tast confirmad diagnosis? Was there an au'opsy
I 15. MAIOEN NAME LOYATTIA Jose	23. If daath was due to axtarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
-1 (State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Man fames Mall	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
	hm f
Ole An Tric Mdell on an	Manner of injury
0.0.4.	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
1/18 23/0	If so, spacify
20, SiCED 19 20 Pagither	(Signad) Prility House M. D.  (Addrass) Librater Gove Med.
If more planks are needed, address State Registrat.	
	1. PLACE OF DEATH  County Village or City Length of rasidance in city or town where death occurred.  2. FULL NAME (a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOUKKEEPER, atc.  9. Industry or businass in which work was done, as SPINNER, SAWYER, BOUKKEEPER, atc.  9. Industry or businass in which work was done, as SIK MILL, SAW MILL, BANK, atc.  10. Delet daceased lest worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  19. JUNDERTAKER (Address)  19. UNDERTAKER (Address)  20. EMED  20. EM

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
DESCRIPTION OF THE PROPERTY OF			

BIND

FOR

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Arteriosclerosis	A 1033	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUNNAU V.S	July 5, 1927	Perilonitis	3 days ago	
1	1				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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a de la constanta	OTTIL	OF MARYLAND—	CERTIFICATE OF DEATH 0041
1. PLACE OF	F DEATH		<b>3</b>
County	XIXI 6	f.	Registration Dist. No. 42
Village or Ci	ity <i>COLPUTO</i>	//	No
	n	death occurred by Jisgi	The state of the s
2. FULL NAI	ME //Wee	mye Han	eln
(a) Residen		(Usual place of abode)	St., Ward.  If nonresident give city or town and State
	AL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rapie the word)	21. DATE OF DEATH  (Month) 29  (Year)  (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced		22. IMEREBY CERTIFY, That I ettended deceased from 1933 to 17 29 1933
a Diffe on pipmir		141120-1073	Hast saw h death is se
7. AGE Year		Day If LESS than	to have occurred on the dete steted above, at \$m.
		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trede, profes	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc	non	Miscarian
SAWYER,	BOOKKEEPER, etc	ww	
work was	done, es SILK MILL, L, BANK, etc		two fistohor
U 10. Date decease	ed last worked at pation (month end	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (cit (State or coun		Hospital Page	Other Contributory Causes of importance:
1	u Asom Bo	Le los Thanks	
	10	Party of Chicken	
14. BIRTHPLACE (State or			Neme of operation
1	1 . 1 >	in the mandt	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAI	me fuch to	mey freely	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (State or		regerania	Accident, suicide, or homicide? Dete of injury, 19
(State or	country),	0	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Hospile	1 record	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	ION, OR REMOVAL		Manner of Injury
Place	17	Date, 19	Nature of Injury
19. UNDERTAKER (	hours		24. Wes disease or Injury In any way related to occupation of deceased?
20, FILED 736	2 1023	hank hared	(Signed) Herbart Bale M

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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item of	should	of OC		
RD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC		
NT RECO	LY. PH	l. Exact		
GRMANE	EXACT	classified	ď.	
S IS A PI	stated I	properly	TION is very important. See instructions on back of certificate.	
LHE	I be	y be	k of	
INK-1	should	t it ma	on bac	
DING	I. AGI	so tha	uctions	
UNFA	supplied	n terms,	ee instr	
WITH	refully	in plain	ant. S	
AINLY,	d be can	DEATH	import	
PL.	Shoul	OF 1	s very	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation	CAUSE	TION is	
ż				

STATE OF	MARTLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	WOTHING CONTRACTOR	9 16 110415
County CCG A	2	Registration Dist. No.
Village or City (QUICLON)  Langth of residence in city or town where deal	1/1	No
2. FULL NAME	Enn	ings
(a) Residence: No.	(Usual place of goode)	Sty Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
unknown white	SINGLE, MARRIED, WIDOWED, OF DIVORCED (price the word)	21. DATE OF DEATH  January 16  (Month) 193 3  (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of		22. I MEREBY CERTIFY That i attended dacasad from
6. DATE OF BIRTH (month, dey, and year)	uary 16, 1933	1 Most saw h alive on Sun_ 16 , 19.3 \$; death is said
7. AGE Years Months	Days If LESS than 1 day,	to heve occurred on the date stated above, at
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	none	Date of offset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SINDUSTRY OF DUSINESS IN Which Work was done, as SILK MILL, SAW MILL, BANK, etc  Date decaased last worked at this occupation (month and		Meaving
Date decaased last worked at this occupation (month and year)	11. Total time (years) spent in this oscupation	
12. BIRTHPLACE (city or town) lawn 15 (State or country)	metal .	Other Contributory Causes of importance:
II 13. NAME William Hay	Errod banes	e.
13. NAME Willeam Hay  14. BIRTHPLACE (city or town) Ung  (Stete or country)	iniaf of	Name of operation Data of Was there an autopsy?
15. MAIDEN NAME Matter le	lma Pre	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Matter Co	nia	Accidant, sulcida, or homicide? Date of injury, 19
17. INFORMANT Soapistal	Becord	Where did injury occur?(Specify city or town, county and State) Specify whether injory occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Mannar of injury
Placa Jarmolo	Dete, 19	Nature of injury
19. UNDERTAKER		24. Was disease or injury in any war related to occupation of dacaased?
20. FILED Jan 19., 1933. John	and Auger	(Signed) M. D.
	Registrar.	(Budfess) Styles (1994)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 4 1083			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

1. PLACE OF DEATH		<u>(3)</u>
County Ceal	<b>4</b>	Registration Dist. No.
Village or City Elle	ou	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dec		s. O. ds. How long in U. S. if of foreign birth?
2. FULL NAME Hot	named	Keefer
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, Thet I ettended deceased from 29 1983 to January 29 19 33
6. DATE OF BIRTH (month, day, end yeer)	u 29,1983	I lest saw h alive on 19 death is seit
7. AGE Years Months	Days If LESS than 1 dey,	to heve occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance water as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	none	about 4 mos
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Prindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decesed lest worked at this occupation (month and yeer)	11, Total time (years) spent in this occupation	Charles Council Association of Investment
12. BIRTHPLACE (city or town)		Other Contributory Causes of Importance:
(State or country)  13. NAME Prancis M	. Reefer	
13. NAME Process M 14. BIRTHPLACE (city or town) Area (State or country)	levela Oriol	Name of operation Dete of
	ustable	Whet test confirmed diegnosis? Wes there en autopsy?  23. If death was due to externel ceuses (VIOLENCE) fill in also the following;
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)	ton	Accident, suicide, or homicide?, 19, Where did injury occur?, 19
17. INFORMANT Dity / Sec of (Address)	e V	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, GRENNATION, OR REMOVAL Place Williams	boto up Jac 29, 19 3	Menner of Injury
19. UNDERTAKER		24. Wes diseese or injury in any way releted to occupation of deceased?
(Address)  20. FILED 29 , 19-30 \$ 32.	aun Frai W	(Signed) A. A. Guornson M. [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BOREAD V.S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7 5 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta UP/	1. PLACE OF DEATH	(1) (1)
	County Cecil	Registration Dist. No. 92
hould occ	Village or City Ellelin	Notinin Habital St. War
s she	Length of residence In city or town where deeth occurredyrs,mo	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. It of foreign birth?yrsmos
Every STANS ement	0 10	5
. = =	2. FULL NAME James Lebter	
	(a) Residence: No. / William (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PHH to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
1.1.	MALE WHITE SINGLE	(Nonth) (Day) (Yeer)
DIN ANEA A C T	5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIEY, That I attended decaased fro
1 6000	(or) WIFE of	27 1936 to Jan 27 193
BIN EX EX Cly	6. DATE OF BIRTH (month, dey, end yeer) Man 17 1914	I last law h alive on 1933; death is sai
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 3 4m.
FOR IS A I stated properly	/ f   l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 07	8. Trade, p:ofession, or particular kind of work done, as SPINNER,	( ) of the
	SAWYER, BOOKKEEPER, etc.	Irlho ffund helmingthe ja 29
VK—T should it may	work wes done, as SILK MILL, Welsone live	Mon-Spidence, following a frontal
SE INK sh	10. Date deceased last worked at this occupation (month and spant in this	arms infection of influenced origin
RE I		Other Contributory Causes of Importance:
F4 4 - 0	12. BIRTHPLACE (city or town)	
MARGIN UNFADI supplied.	(State or country) (12 12 12 12 12 12 12 12 12 12 12 12 12 1	
V. F.		
T - 7	14. BIRTHPLACE (city or town)	Name of operation
		What test confirmed diagnosis? Was there an autopsy? Management of the state
X, WITH	T	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Ha K	16. BIRTHPLACE (city er town)	Where did Injury occur?
		(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Per	(Address)  18 BIRIAL CREMATION OR REMOVAL	-
E S S	To both the state of the state	Manner of Injury
RIT Lion USE		Nature of injury.
WRITH mation (CAUSE)	19. UNDERTAKER Delande & Alasuan	24. Was disease er injury in any way related to occupation of deceased?
ا الله	(Address) fastice, fa	If so, specify
N X	20. FILED Jan 28, 1932 frank Janes	(Signed) M.
	Registrar.  If more blanks are needed address State Penistrar.	(Address)
	/ more transfer, address State Registrat,	, agra 14. Unano orico, Dammore, Acquenting U. J. 140. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

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		BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		Day 1

0	Every item of infor-	CIANS should state	ement of OCCUPA-	
NDIS.	MANENT RECORD.	KACTLY. PHYSIC	lassified. Exact stat	
RVED FOR BI	THIS IS A PER	uld be stated E	nay be properly c	ack of certificate.
MARGIN RESERVED FOR BINDE	UNFADING INK	supplied. AGE sho	terms, so that it r	ee instructions on b
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
0.1	-WRI	matio	CAUS	TION

1	. PLACE OI			LAND	CERTIFICATE OF DEATH	00432
	County	Cecil.	F17	WA SORAHAL	Registration Dist. No.	92
		ity Elkton,	Maryland.	(lf		
		ME Mr. Al				
4		ce: No. West M			St., Ward.  If nonresident give city or tow	vn and State
	PERSON	IAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	тн
3, 5	Male.	4. COLOR OR RACE White.	5. SINGLE, MARR OR DIVORCED Marrie	NED, WIDOWED, (write the word)	21. DATE OF DEATH  January 29th, 1933  (Month) (Oay)	, 193 (Yoar)
5a.	If married, widow HUSBANO of (or) WIFE of	Mrs Mary A.	Marcus,		22. I HEREBY CERTIFY, That I att December 24thm, 19 32, to January	
6. 1	DATE OF BIRTH (	(month, day, and year)	March 11,	1862	Hast saw h im alive on January 28th, 19	
-	AGE Yea		Days 18	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
OCCUPATION	SAWYER,	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc business in which	Laborer.		Chronic myocarditis.	1932
OCCUP	10. Oata decease	s done, as SILK MILL, LL, BANK, etced ed last worked at pation (month and	11. Total tir	me (years) t in this pation		
12.	BIRTHPLACE (ci	ty of town/	1 County,	Maryland.	Other Centributery Causes of importance: Arterio- sclerosis, Bronchial asthma.	? 5 w
ER	13. NAME	Mr. James	Marcus,			
FATHER		E (city or town)Ce	cil County	, Md.	Name of operation	
ER	15. MAIOEN NA	ME Mary A.	Garim,		23. If death was due to external causes (VIOLENCE) fill in also the fo	ollowing:
MOTHER	16. BIRTHPLACE (State or	E (city or town)Cec r country)	il Co. Md.		Accident, sulcide, or homicide?	
17.	. INFORMANT (Address)	William Mar	cus.		(Specify city or town, county a Specify whether injury occurred in INOUSTRY, in HOME, or in PUB	and State) LIC PLACE,
18.	BURIAL, CREMAT	Ton Coup	Oate Bel	1932	Mannar of Injury	
19	. UNDERTAKER (Address)	Mr. H. W. F	Pippin,		24. Was disease or injury In any way related to occupation of deceas	sed? no.
20.	FILED Jak	1,1852	Fants	Thoras.	(Signed) , ) - ?	LUT. M. E

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V		•	
TRA O V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BULLLAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S No 1

m

PHYSI-

		OF DEATH		100		STATE OF I	
	County CO	cil	A PROPOS			CERTIFICATE	OF DEATH
					82-2	Registration I	Dist. No.
Vil		Elkton, Md,	(No Elizabeth Mood	у.,		St.:Ward)	(if death occurred in a hospital or institu- tion, give its NAME is- steed of street and number.)
	PERSON	NAL AND STATIST	ICAL PARTICULARS	S	MEDI	CAL CERTIFICATE O	OF DEATH
	emale	4 COLOR OR RACE	SSINGLE, MARRIED, Widow WIDOWED, OR DIVORCED (Write the word)		16 DATE OF DEATH	January 15th,	, 19233 (Day) (Year)
	DATE OF BIR	тн	5th, , 18	864 (Year)	January 16t	by CERTIFY, That I attempt to 19233 to Jan	ended the deceased from uary 15th, 1923 y 15th, 19233
7 /	GE	69 yrs. 10		hrs.		urred on the date stated ATH * was as follows:	above, at 2.30 P.M.
1	a) Trade, pro	ofession or d of work	House work.		Cerebra	l hemorrhage.	
	b) General na usiness, or es	ature of industry stablishment in ed or (employer)			2000 1000 1000 1000 1000 1000 1000 1000	(Duration)	20 hours.
-	State or cou	Jana 24	land		Centributory Secondary	(Duretion)	
	10 NAME O	F William Smi	th,		(Signed) U	Address) Elkton	right M.D.
ENTS		ecountry) Ireland	1.			Disease Causing Death, state (1) Means of in	
PAR	OF MOTH		Mc Kane,			ESIDENCE (For Hospit	als, Institutions, Trans-
		Country)			At place of deathyrs	.mosds. In the	eyrads.
14			s Dunba		i not at place of de Former or usual residence	a.h?	
	(Addr	ess) Elkton 7	med RD		Sktvu Cer	retery	Jan 18, 1933
15	Filed far	1923	Bank J	MEN	H. W.T.	2. spin	Elkton My
-	(/	If more banks are	needed, addre.s Ltate i	Kegistrar,	16 W. Saratoga St.	, Balto., Requesting V. S	5. iso. 1.

(Approved by U. S. Census : nd American Fublic Health Association.)

state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g.. Farmer or Flanter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a tion applies to each and every person, irrespective cf Physician, Compositor, Architect, Forcman, For many occupations a single word or term on Or yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Sulesman, (b) Grocery; man, (b) Automobile factory. The material At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Locomotive engineer, Wom-

Strtement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Dinhtheria (avoid use of "Croup"); Tyrhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Com2," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopmeumonia (secondary), st\_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDE

MARGIN RESERVED

1	1. PLACE O	F DEATH				
	County	Cecil			Registration Dist. No. 96	
				(H	itako Perry Point, Md.  St.,  death occurred in a hospital or institution, give its NAME instead of street and nu  8 ds. How long in U.S. if of foraign birth?	Ward
	2. FULL NA	ME MIRAWSK	I, Leo P.	C-	50 6 020	
	(a) Residen	00.00			ur gh, Pa · Ward.	
	(a) Nesiden	loc. 110.	(Usual place		If nonresident give city or town and S	itate
	PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	mal e	4. COLOR OR RACE whi te		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  January 2  (Month) (Day)	193.3. (Yeer)
5a.	. If married, widow HUSBAND of (or) WIFE of	ved, or divorced Single			22. ! HEREBY CERTIFY, That i attended d September 25 19 26 to January 2	acaased from
6.	DATE OF BIRTH	(month, day, and yeer) A	ugust 30,	1893	Hast saw h im alive on January 2 , 19 33 ;	,
7.	AGE Yes	Months 9 4	Days 3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10:05 Pm.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	Date of onset
OCCUPATION	9. Industry or work wa SAW MII	ssion, or particular work done, es SPINNER, , BOOKKEEPER, etc business in which s dona, as SILK MILL, LL, BANK, etc ed lest worked at pation (month and	spar	me (yaars) thin this 9 mos		1915.
12	BIRTHPLACE (ci	t) or tomily	go, Ill.	•	Other Contributory Courses of importance:  Mental deterioration.	******
ER	13. NAME	Leo	Murawski,	Sr.		
FATH		(city or town) Gern	man y		Name of operation None Date of What test confirmed diagnosis? Observation Was there an au	toney? NO
ER	15. MAIDEN NA	ME Mary	Rusin		23. If death was due to external Causes Viol ENCE) fill In also the following:	
MOTHER		(city or town)	i Gern	a ny	Accident, suicide, or homicide? No Data of injury Whare did injury occur? No injury	, 19
	(Addrass)		Records Point, 1	[d.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAY No injury	DE.
18	PlaceRi_:	Hon- or REMOVAL ttsburgh Pa Stanislaus Co	Data Janu	wary 4,19 33	Manner of injury	
	. UNDERTAKER (Addrass)	Penning ton	n & Son, lu le Grace, aclus (U)	Ma. Javenson	24. Was disease or injury in any way related to occupation of deceased?  If so, spacify to the second secon	No eter M.

20. FIL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset,	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Huly 5,1927	Peritonitis	3 days ago
N 30 1833	ma		
Other contributory causes of importance HO		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.—WRITE PLAINLY

MARGIN RESERVED FOR BINDIN

V. S. No.

STATE OF MARTLAND	CERTIFICATE OF DEATH (1)426
1. PLACE OF DEATH	list of the second second
County Office	Registration Dist. No.
Village or City Charlestown	NoSt.,Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city on town where daath occurredyrsmos.	How long in U.S. If of foreign birth?ds.
2. FULL NAME Joshua Clayton	Hurner .
(a) Residence: No. Charlestown, Marfland	St., Ward.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22, / I HEREBY CERTIFY. That I attanded daceasad from
(or) WIFE of	Die 30193310 Jan 2 1933
6. DATE OF BIRTH (month, day, and year) March 24 /932	I last saw handlive on January 2, 19-33 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 135 Pm.
9 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	() Po
SAWYER, BOOKKEEPER, etc.	Influenza 12/29.
< → Industry or business in which	
work was done, as SILK MILL,	
work was done, as STLK MILL, SAW MILL, BANK, atc	
SAW MILL, BANK, atc	Other Contribution Control Impairment
year) Occupation	Other Contributory Causes of Importance:
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)  (State or country)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)  (State or country)	Other Contributory Causes of Importance:  Name of operation
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  14. Cost Manyland	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  Martha  President	Name of operation
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. MAIDEN NAME  18. MAIDEN NAME  19. MAIDEN NAME  10. BIRTHPLACE (city or town)  10. BIRTHPLACE (city or town)  10. BIRTHPLACE (city or town)	Name of operation Data of What test confirmed diegnosis? Was there an autopsy?
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  Marchael  16. Maiden NAME  17. Marchael  18. Marchael  19. Marchael  19. Marchael  10. Marchael  10. Marchael  10. Marchael  10. Marchael  11. Marchael  12. Marchael  13. NAME  14. BIRTHPLACE (city or town)  15. Maiden NAME  16. Marchael  17. Marchael  18. Marchael  18. Marchael  19. Marchael	Name of operation Data of  What test confirmed diegnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill In elso the following:  Accident, suicida, or homicida? Data of injury, 19
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. MAIDEN NAME  18. MAIDEN NAME  19. MAIDEN NAME  10. BIRTHPLACE (city or town)  10. BIRTHPLACE (city or town)  10. BIRTHPLACE (city or town)	Name of operation Data of  What test confirmed diegnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicida, or homicida?, 19
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL	Name of operation Data of What test confirmed diegnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicida, or homicida? Data of injury, 19  Where did injury occur? (Specify city or town, county and State)
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. MIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)	Name of operation
year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Cethel M. Data Jan 5, 19.3.3  19. UNDERTAKER  19. UNDERTAKER	Name of operation
year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Bethal M. Data Jan. 5, 19.33	Name of operation Data of
year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Cethel M. Data Jan 5, 19.3.3  19. UNDERTAKER  19. UNDERTAKER	Name of operation

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		KECENED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	**		

County Ge	cil			Registration Dist. No. 95	
Village or City	Lul				Ward
7		ar	(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in	city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds
2. FULL NAME			Pyle		
(a) Residence: No.		(Usual place o	<i>V</i>	St., Ward.	
PERSONAL AI	UD STATIST			If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
	OR OR RACE	5. SINGLE, MARK		21. DATE OF DEATH	
Fernal. 4	lit.		(write the word)	Jan 3	, 193.3
5a. It married, widowed, or div	rorced	1 June	gre-	(Month) (Oay)	(Year)
HUSBANO of (or) WIFE ot				22. I HEREBY CERTIFY, That I attended	
		7		, 19, to	
6. DATE OF BIRTH (month, d		En 3, 10		I last saw h, 19	; death is se
7. AGE Years	Months	Oays /	It LESS than I day,hrs.	to have occurred on the date stated above, at	
			ormin.	were es tollows:	Oate ot onse
8. Trede, profession, or kind of work done SAWYER, BOOKKE	particular , as SPINNER,			Millborn	
Industry or husiness	in which				
work was done, as SAW MILL, BANK	SILK MILL, etc				
10. Oate deceased last w	orked at onth and	11. Total tir spen	ne (years)		
year)		occuj	pation	Other Contributory Causes of importence: L' Livr	Coron
12. BIRTHPLACE (city or town	) Syl.	man	mel	1 stiget sou.	
(State or country)		1	1 0	In David The	
13. NAME	asper 4	dence	Pyle	7 1100111	
13. NAME  14. BIRTHPLACE (city or	town) The	sta love	enty , s	Name of operation	
(State of country)	121		pla.	What test confirmed diagnosis? Wes there an	autopsy?
15. MAIOEN NAME	Ida Mi	argaret	Rock	23. It death wes due to external causes (VIOL ENCE) fill in also the following	ng:
15. MAIOEN NAME  16. BIRTHPLACE (city or		Anna	b	Accident, suicide, or homicide? Date ot injury	, 19
(State or country)	, 0	100	ma,	Where did injury occur? (Specify city or town, county and St	ate)
17. INFORMANT(Address)	Lylinas	Pyle	d.	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR	REMOVAL	2		Manner of Injury	
Place	7	Oate fine	4.,1933	Nature ot injury	
19. UNDERTAKER	arento	· ·		24. Wes disease or injury In any way related to occupation of deceased?	
(Address)				If so, specity	
1 1/ 4	1033 - 0	last.	+	(Signed)	M.
20. FILED 46	19 304-30	14-15- 26+ 89 Wh do some	MRegistrar.	(Address)	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
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BINDI

FOR

V. S. No. 1

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis .	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

1 9 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
nfo F	1. PLACE OF DEATH	(1)(4:25)	)
ould in	County Cecil	Registration Dist. No. 95	
item of should of OCC	Village or City Colors Md.	No. St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
/ "		ds. How long in U. S. if of foreign birth?yrsmos	
RD. Every YSICIANS statement	2. FULL NAME Dancy K. Reedy		
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PHH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
EX	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH JANUARY - 12, 1939	3 -
NDION KWANEN X A C T L classified.	5a. If marriad, widowed, or divorced HUSBAND of		
TAN A C assi	(or) WIFE of Illians Beedy	10 11 30	ed from
	6. DATE OF BIRTH (month, day, and year)	I last saw her alive on JAN-12, 1933; death	
PE Bd Ferly cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 125.m.	
FOR B. IS A PE stated E properly certificate	5-8 1 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance wera as follows:	-fA
- 70	8. Trada, profession, or particular kind of work done, as SPINNER, Causeuff SAWYER, BOOKKEEPER, atc.	Cayle Stepalillo 1	of onset
ED HIS	SAWYER, BOOKKEEPER, atc. Jauseur	With albers 19	933
ERVI VK_T] should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
E S S H	10. Data deceased last worked at 11. Total tima (years)		
RES VG I AGE that	this occupation (month and spant in this year) occupation 35	Oh Carolina Carolina	
Z 4 7 2	12. BIRTHPLACE (city or town) Busself Ca, (Stata or country)	Other Contributory Causes of importance:	
MARGIN UNFADI supplied. n terms, se	E 13. NAME Lames Loye.		
T D T T	13. NAME Lames LOye  14. BIRTHPLACE (city or town)	Nama of operation	
T -= 70	(State or country) Wa	What tast confirmed diagnosis? Was there an autopsys	?
WIT WIT will in plant.	15. MAIDEN NAME (Janey Dye	23. If death was dua to axternal causes (VIOL ENCE) fill in also the following:	
	15. MAIDEN NAME (Maney Loye)  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	9
1 1 1 2	(Stata or country)	Whera did injury occur? (Specify city or town, county and State)	
ABO	17. INFORMANT William 1 el dy (Address) Colonia Mid	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.	
401	18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
E S S	Westerfullingham M. Joste Jan 14, 1933	Natura of Injury	
WRITE mation s CAUSE	19. UNDERTAKER L. G. Jyson 1	24. Was disease or injury in any way related to occupation of deceased? 10	
S. No.	(Address) Pising Jun Mc	If so, specify	
80 T	20. FUEDO / - 1 3 1933 - 11	(Signed) Of Hongow	M. D.
	Lynni W & Millington Registrar.	(Address) Pat 6 Spart L	ud.
Olen	ut wairs /- 13 1983	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 2 1033	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU V.	July 5,1927	Peritonitis	3 days ago
	The state of the s			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

should state of OCCUPA. PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may carefully supplied. TION is very important. -WRITE PLAIN mation should be m ż

FOR BINDI

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH (#1430)
1. PLACE OF DEATH	
County Cecil	Registration Dist. No. 944
Village or City Touth East heaf	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Matilda & Rounded	/
(a) Residence; No. North East Meaulan	LSt. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
I emole white Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Oldridge Keynolds	Jan 1 1933 to Jan 3 1933
6. DATE OF BIRTH (month, day, and year) March 3 18 48	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
84 10   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	10 0
9. Industry or business in which	Manuelly
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Contributory Gases of Importance:
(State or country) Withern feeland, Va-	
13. NAME Joseph J. Dodson	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? he
15. MAIOEN NAME Juisted  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
m 1/ ///	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT / Us Marry Harvey (Address) Marth 90 + 20 4	Specify whether injury occurred in INDUSTRI, IN NUME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ledan Hell Cem Date Jan 6, 1923.	Nature of Injury
19 UNDERTAKER South A. Chart	24. Was disease or injury In any way related to occupation of deceased?
(Address) A Most Eaget, Ind	If so, specify
20. FILED/- 5- 3/3, 19 See let. access	(Signed) Dutte Culling M. D.
Registrar.	(Address) Want had
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis OEMES	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FL-0	July 5, 1927	Peritonitis	3 days ago	
BUEL				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

d related causes	Date of onset
	1 week ago
	1 week ago
	3 days ago
portance:	
	1 year
IAN	

MARGIN RESERVED FOR BINDI

1. PLACE OF					(2,)	
County	Cecil				Registration Dist. No. 96	
Village or C Length of rest	ity Ve	terans ty or town where o	Administ:	ration Hosp (III) 3 yrs. 11 mos	itab. Perry Point Md. St, death occurred in a horpital or institution, give its NAME instead of street and n 12 ds. How long in U.S. if of foreign birth?	Ward
2. FULL NA	ME	SAYERS	. Wil:	liam H.	C-1 051 069	
					. John . Ward.  If nonresident give city or town and	State
			ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLO whi	R OR RACE	5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  January 19  (Month) (Dev)	, 1935(Yeer)
5a. if merried, widow HUSBANO of (or) WIFE of		rced Single			22. I HEREBY CERTIFY. Thet I ettended of February 7 19 29 to January 19	
6. DATE OF BIRTH	(month, de)	, end yeer) M	ay 5, 189	95	i lest saw h.im elive on January 19 , 1933	
7. AGE Yea	rs	Months	Oeys	If LESS than	to heve occurred on the date stated above, at 8: 25A .m.	*
	57	8	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Oate of onsat
SAW MIL  10. Dete decess this occur yeer)  12. BIRTHPLACE (ci (Stete or cour	s done, as S L, BANK, e ed last wor pation (more poped ty or town) ntry)	ked et held 192 working. New Ha	rked with	~	,-conn.	more. 1929.
13. NAME		ohn Saye				
(Stete or		wn) Cou	nty Kerry	, Ireland	Name of operation	
15. MAIDEN NA	ME M	ary Phel	an		23. If deeth wes due to external causes Con Entry filt in also the following.	
15. MAIDEN NA 16. BIRTHPLACE (State or  17. INFORMANT	country)	spital R	ecords		Accident, suicide, or homicide?	.)
18. BURIAL, CREMAT	LON, OR R				Menner of injury	
PlaceNe	W Hav	en, Conn	oete Jan.	19 , 1933	Neture of injury	
19. UNOERTAKER (Address) 20. FILEO 1/19	Penni Havr	ngton &		n. Morrison	24. Wes disease or injury in any way releted to occupation of deceased?  If so, specify  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)	No fficer

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Example I	D C C C C C C C C C C C C C C C C C C C	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1975	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

	, ,	***************************************	
Mallocal Land			

V. S. No.

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PEREVO V. P.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANAAT RECORD. Every item & information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00434
1. PLACE OF DEATH	<u> </u>
County 10 cm	Registration Dist. No. 92
Village or City alklon The	ND. 111 M. Main St., Ward
90+ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred & _yrsmos.	
2. FULL NAME Wima Singmer	
(a) Residence: Np. 111 W. Mars (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married  Married	21. DATE OF DEATH January 37, 193 3. (Year)
5a/lif marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
V (or) WIFE of (acot singman	January 26 1,33 10 January 27 133
6. DATE OF BIRTH (month, day, end yeer) Och 18-1873	Nest saw her alive on Jan 76 4 133 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 3.45.m.
59 8 9 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
Z 8. Trade, profession, or particular wind of work done as SPINNER 2	
kind of work done, as SPINNER, NONE,	Acute Cardiac delatation June 33
Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, atc.	J
Date decaased lest worked at 11. Totel tima (years)	
this occupation (month end spent in this occupation occupation	Ohla Castallatin Consult Investores
12. BIRTHPLACE (city or town) / LUSSIA	Other Contributory Causes of importance:
(State or country)	General arterio-soleroses news.
14. BIRTHPLACE (city or Jown) Cussia.	
4. BIRTHPLACE (city or Jown) Custe	Nama of operation Dete of
( (State of County)	What test confirmed diegnosis? Nove Was there an autopsy?
15. MAIDEN NAME Underknown  16. BIRTHPLACE (city or town) Russia.  (State or country)	23. If death was due to externel causas (VIOL ENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Oct of Country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Muss Sacre Sungman Lauge (Address) Elpton me	estecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Harristo Date January 29, 1933	Natura of Injury
19. UNDERTAKER H I Viffin	24. Was disease or Injury In any wey related to occupation of deceased?
(Address) Eighten ma	(Signad) F. H. McKneyth M. D.
20. FILED Jun 27, 1982 Daves ( Frages) Registrar.	(Address) Elklon-M.D.
If more blanks are needed address State Registrar	2411 N. Charlet Street Baltimore Requesting 91 S. No. v.

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Chranic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER (Address)

20. FILED LASS

#### STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give it NAME instead of street and number) How long In U.S. if of foreign birth?\_. Length of residence in city or town where deeth occurred (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) antile (Day) (Year) 54. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date/stated above, at 1 day.\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or\_\_\_\_min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Totel time (yeers) this occupation (month and spent in this occupation\_ 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? - Strace Was there en autopsy? OTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury

Registrar. If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury

If so, specify (Signed)

(Address) \_\_\_

24. Was disease or injury in any way related to occupation of deceased:

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cause of death and related causes were as follows:	Date of onset
sy .	1 mook and
	I week ago
et car	1 week ago
// 658/ A	3 days ago
	1
ntory causes of importance:	1 year
	outory causes of importance:

•	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes. Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsu 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
\ <u>_</u>	1. PLACE OF DEATH	00407
of m of OCC	County Cecil	Registration Dist. No. 95
o o o	Village or City 17 ising Sun Md!	No. St., Ward
X 20 -2	Length of residence in city or lown where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsmosds
RECORD, Every PHYSICIANS Exact statement	2. FULL NAME GEOLGE W. Wandy	che
D. 1 SIC tate	(a) Residence: No.	St. Ward.
OR HY t si	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z X Z	3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
MANEN A C T I	5a. If merried, widowed, or divorcad HUSBAND of	
BINDI: PERMAN EXAC Iy classifi	(or) WIFE of Shuleriseur	22. I HEREBY CERTIFY. That I attended decased from
A SKE	6. DATE OF BIRTH (month, dey, and year) Self 1, 1864	t last saw hamalive on 1-3 19.23 death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.55 m.
FOR IS A F stated properl certifica	(C 4 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
	8. Trade, profession, or perticular	Date of onset
ED HIS be be of	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Knemma
RESERVED G INK—THIS GE should be that it may be ons on back of	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	
SER NK- Short it m	SAW MILL, BANK, etc	
INI INI E sl at it	this occupation (montand) spant in this year) occupation	
Z 42		Other Ceatributory Causes of importance:
IN DI	12. BIRTHPLACE (city or town)	
MARGIN RE supplied. AGI		
7 5 5 5	I CONTRACTOR OF THE PARTY OF TH	
Ame 20	(Stata or country)	Name of operation Date of
	15. MAIDEN NAME Commertin Vance	What test confirmed diagnosis?
a ii e	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
LY	16. BIRTHPLACE (city or town)	Where did injury occur?
	17. INFORMANT Lew Vandype	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PLA hould OF D	(Address) Plsing Sun'	
E S E	18. BURIAL, CREMATION, OR REMOVAL  Place A A A A Date A A A 1933	Manner of Injury
-WRITE mation s CAUSE TION is	Place / 000 Date and 6, 1905	Nature of injury
CATT	19. UNDERTAKER	24. Wes disease or injury in eny wey related to occupation of deceased?
N. N.	(Addréss) / storing seen Md,	If so, specify
× × ×	20. FILED 1. 19 200 minutes	(Signed)
B.	Registrar.	(Addrass) Carry Sum Mu
cerne	Masures - Life 1955 adress State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
	٠,-		

1. PLACE OF DEATH	W)
County Cecil	Registration Dist. No. 92
Village or City hear Iron Hill	NoSt.,Ward
Langth of racidance in city or town where death cooursed	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmosds.
Q = Q	D'+0 A
2. FULL NAME James Planson W	hitrock
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
male white OR DIVORCED (refrice the word)	7 00 ,193 3
5a. If marriad, widowed, or divorced	(Month) / (Day) (Year)
HUSBAND of Cor) WIFE of Leaf 31-1940	22. I HEREBY CERTIFY, That I attended deceased from
000	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Mule 3 1 1910	l last saw h aliva on , 19 ; death is said
7. AGE Years Months Days If LESS than	
0 0 ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	Ifun shot wound in left
SAWYER, BDOKKEEPER, etc. Jum navoles	Jude our heart
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER Jann Laborer SAWYER, BDOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at /30/32  11. Total time (yaars) spent in this	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Izaclacellow	Depressed over anticipated 1/1
(State or country)	tonsillectoms 127/33
13. NAME The Pearson Whitlack	
13. NAME the Teason Whitlock  14. BIRTHPLACE (city or town) Local Los. h. f.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lydia Hines  16. BIRTHPLACE (city or town) Local Coo. M. A.	23. If death was dua to axtarnal causes (VIOLENCE) filt in also the following:
To 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicides suicide. Date of injury 130, 1933
(Stata or country)	Where did injury occur man from Hill md.  (Specify city or town, county and State)
17, INFORMANT John St. W. Lullack	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	in industry on farm where employed
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Date Date 19	Nature of Injury
19. UNDERTAKER Stu to Laffage	24. Was disease or Injury in any way related to occupation of decaasad?
(Address) Czelf with Mg	If so, spacify
20. FILED Jan 30 , 19 37 + haus 1 170ge	(Signed) T. Warmy Frazer Gorones M.
Registrar.	(Address) after the war.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDIN

V. S. No. 1

1. PLACE OF DEATH		11-01		
County Ce cil	1		Registration Dist. No	91
Village or City St Cluque		NoNo		St., Ward
Length of residence In city or town where daath occ	urredyrs,mos	death occurred in a hospital or institutionds. How long in U.S. If of		
2. FULL NAME Laura to	uisa Wil	liam		
(a) Residence: No. Near Oberefer	he City sual place of alfode)	St., Ward.	If nonresident give city or to	own and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CE	RTIFICATE OF DEA	ATH
Fernal White OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	3 , 193 3 (Year)
5a. If marriad, widowad, or divorced HUSBAND of Solum J. Willis (or) WIFE of	eus		CERTIFY, That I a	ttanded daceasad from
6. DATE OF BIRTH (month, day, and year) Mcl	1-1844	I last saw h aliva on		j daath is sald ; daath
7. AGE Yaars Months 8 10 8	Days If LESS than 1 day,hrs.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH were as follows:		Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, A SAWYER, BOOKKEEPER, atc.	tome	John Bus	uoma	Jan 9th
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, atc.  Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Dato deceased last worked at this occupation (month and				
1 D. Dato deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation			
12. BIRTHPLACE (city or town) St Cengus (State or country) Zu enfiglia	time	Other Contributory Causes of impor	rance:	Jan 129
13. NAME John Pelach				
13. NAME John Pelach	uret	Name of operation	D	Pate of
(State of country)	are 1	What tast confirmed diagnosis?	Was th	nera an autopsy?
15. MAIDEN NAME Liga Journe 16. BIRTHPLACE (city of town) Men C (State or country)	Jourseul astle	23. If death was dua to external caus Accidant, suicide, or homicide?		
17. INFORMANTHUS adalaids (Address) St augustius	villiams,	Whare did Injury occur?	(Specify city or town, county INDUSTRY, In HOME, or In PUI	and State) BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	9	Mannar of injury		
Place Gethel Hurling Date	fan 12, 1923	Nature of injury		
19. UNDERTAKER H. W. F. Frie (Address) Elkton Frie	<u> </u>	24. Was disease or injury in any wa	y ralated to occupation of decea	ised? No
20. FILED Jan. 12 , 1937 B. Hawa	of Brown Registrar.	(Signed)	middle Form	m. D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

5)	item of infor-	should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
M	ORD. Every i	HYSICIANS	t statement	
DIC	IANENT REC	ACTLY. F	ssified. Exac	
FOR BIN	S IS A PERM	stated EX	properly cla	certificate.
MARGIN RESERVED FOR BINDI	G INK-THIS	GE should be	hat it may be	TION is very important. See instructions on back of certificate.
MARGIN	H UNFADIN	supplied. A	ain terms, so t	See instructio
	AINLY, WIT	d be carefully	DEATH in pla	important.
V. S. No. 1	N. B.—WRITE/PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF 1	TION is very

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(S) UU44U
County	Registration Dist. No.
	No. Use St, War If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	ds. How long In U.S. M of foreign birth?yrsmosd
2. FULL NAME Still rown Woul-	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
	I last saw it alive on 19 death is sai
5. DATE OF BIRTH (month, dey, end year)  7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
to day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Stell Breeze
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1. Total time (years) this occupation (month end	
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Celling (State or country)	Other Contributary Causes of importance:
	7
410 .00.0	•
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Wes there an autopsy? \ 23. If death was due to exteroal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Meldred Michael  16. BIRTHPLACE (city or town) - Haryland  (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Frank H. Woold (Address) Flethere But of	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bay Vision Gregory Jan 258, 193.	Manner of Injury
19. UNDERTAKER Parkents (Address)	24. Was disease er Injury In any way related to occupation of deceased?
(Mudiess)	If so, specify

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BIRMAN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
***************************************			

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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